

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050866

1. Entity Name

TIGER PRODUCTIONS, INC.

Principal Place of Business

4802 MARKS TERR.
ORLANDO FL 32811

Mailing Address

4802 MARKS TERR.
ORLANDO FL 32811

2. Principal Place of Business

1000 Universal Studios Plaza

3. Mailing Address

Suite, Apt. #, etc.
BLDG 22A

Suite, Apt. #, etc.

City & State

Orlando, FL. 32819

City & State

Zip

32819

Country

Orange

Zip

Country

6. Name and Address of Current Registered Agent

HOLLAND, PATRICIA
4802 MARKS TERR.
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS HOLLAND, PATRICIA
CITY-ST-ZIP 4802 MARKS TERR.
ORLANDO FL 32811

TITLE ☐ Delete
NAME PVST
STREET ADDRESS HOLLAND, PATRICIA
CITY-ST-ZIP 4802 MARKS TERR.
ORLANDO FL 32811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90013 017 ***150.00

C0037234



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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